

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Patriot Majority USA		3. FEC Identification Number C C90012956
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 35522		
(c) City, State and ZIP Code Washington DC 20033		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☐ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

04 / **01** / **2012**
 THROUGH
06 / **30** / **2012**

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

977820.65

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Craig Varoga

Craig Varoga

07/03/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Patriot Majority USA

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date MM / DD / YYYY 04 / 26 / 2012	
Mailing Address 1054 31st St NW Ste 430		Amount 12976.47	
City Washington	State DC	Zip Code 20007-6042	
Purpose of Expenditure Television Production of 'Wanted'		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 408330.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date MM / DD / YYYY 05 / 18 / 2012	
Mailing Address 1054 31st St NW Ste 430		Amount 26093.24	
City Washington	State DC	Zip Code 20007-6042	
Purpose of Expenditure Television Production of 'Charter'		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 408330.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 04 / 12 / 2012	
Mailing Address 1010 Wisconsin Ave NW Ste 800		Amount 201715.00	
City Washington	State DC	Zip Code 20007-3674	
Purpose of Expenditure TV Advertising & Production of 'Served'		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 201715.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

240784.71

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Patriot Majority USA

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 04 / 26 / 2012
Mailing Address 1010 Wisconsin Ave NW Ste 800		Amount 184215.41
City Washington	State DC	Zip Code 20007-3674
Purpose of Expenditure Television Advertising of 'Wanted'		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 408330.65		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 05 / 18 / 2012
Mailing Address 1010 Wisconsin Ave NW Ste 800		Amount 185045.53
City Washington	State DC	Zip Code 20007-3674
Purpose of Expenditure Television Advertising of 'Charter'		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 408330.65		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 05 / 29 / 2012
Mailing Address 1010 Wisconsin Ave NW Ste 800		Amount 186950.00
City Washington	State DC	Zip Code 20007-3674
Purpose of Expenditure Television Advertising & Production of 'Before'		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 367775.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

556210.94

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Patriot Majority USA

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 14 / 2012	
Mailing Address 1010 Wisconsin Ave NW Ste 800		Amount 180825.00	
City Washington	State DC	Zip Code 20007-3674	
Purpose of Expenditure Television Advertising & Production of 'Before'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 367775.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	180825.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	977820.65